

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH



Office of Consumer and Family Affairs

**DBH Application for:
PEER SPECIALIST CERTIFICATION TRAINING**

Name (please print/type): _____

Address: _____

Best Phone Number(s) to Contact You: _____

Email: _____

Requirements for Participation

Please submit proof of requirements 1 through 3 along with completed application.

1. I am at least eighteen (18) years of age and able to work legally in the United States (U.S.).
2. I currently reside within the District of Columbia (D.C. resident).
3. I have a high school diploma, GED (or equivalent) or degree from an accredited institution.
4. I am a current or former consumer of services within the Department of Behavioral Health (DBH).
5. I am able to disclose that I am a person with a history of mental illness and/or substance use disorder and am able to role model my own self-recovery.
6. I am willing to create and follow a wellness recovery plan.
7. I understand this certification process may require submission to periodic drug testing.

Application continues on next page.

Only fully completed applications with all supporting documentation will be considered. All applications must be delivered either by post, e-mail (adrienne.lightfoot@dc.gov) or hand delivered no later than Friday, April 1, 2016 (12:00 pm/noon).

Please **print/type** your name: _____

Ranking Factors

Please submit proof of requirements 1 through 3 along with completed application.

1. Demonstrated successful completion of at least one training on recovery (e.g., BRIDGES, WRAP). Yes No
*If yes, please **submit proof** of completion of training (e.g., letter, certificate, testimony).*
2. Held a job(s) in the past or present as a Peer Specialist/Advocate. Yes No
If yes, your resume should reflect this experience.
3. Possess(es) any continuing education credits or diplomas in mental health or co-occurring disorders. Yes No
*If yes, please **submit proof** of completion of training (e.g., letter, certificate).*

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Please **print/type** your name: _____

**DBH Application for
PEER SPECIALIST CERTIFICATION**

My primary lived experience is with: (CHOOSE ALL THAT APPLY)

- Personal Recovery from Mental Illness or Substance Use Disorder
- Personal Recovery from Co-Occurring (Mental Illness & Addictive Disease)

Personal Disclosure Statement:

- YES, I agree to disclose my recovery history with mental illness and/or substance use disorder in keeping with policies and procedures of DBH.
- NO, I do not want to disclose my history with mental illness and recovery at this time.

Statement of Information:

- I understand that DBH will provide a stipend of \$300.00 to be disbursed upon certification to applicants that complete the program. The disbursement will occur after graduation.
- I understand that I must make all travel arrangements to and from the place of training and examination. I will receive directions to the training and exam site once I have been officially accepted.
- I understand that the Peer Specialist Certification Training is not a job placement program.

Statement of Accuracy:

- It has been at least one year since I was diagnosed with a mental illness and/or substance use disorder.
- I completed this application and the required attachments on my own.
- I completed high school and hold a high school diploma or a GED equivalent.
- I can supply all documentation that has been requested for this application.
- All information I have supplied is true and accurate to the best of my knowledge.

Your signature: _____

Application continues on next page.

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Please **print/type** your name: _____

APPLICATION ESSAYS

You must complete all essays for your application to be considered.

1. Why do you want to become a Certified Peer Specialist (CPS)?

2. What makes (has made) you a good candidate to work with other consumers in the behavioral health field?

3. What types of experiences have you had in advocating for consumers of behavioral health services? Please describe in detail, listing efforts in letter-writing, personal advocacy, public testimony, programs you began or the work you are doing now. Be specific.

4. Describe your current employment or volunteer situation. If neither applies, how do you spend your time?

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APPLICATION ESSAYS

You must complete all essays for your application to be considered.

5. What does recovery mean to you?

6. Why do you think it is important for Certified Peer Specialists (CPSs) to tell their recovery stories?

7. What were some of the important factors in your own recovery?

8. What will be your most difficult challenge in attending this training? How will you deal with this challenge?

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9. Is there anything else you would like us to know in considering you for the Peer Specialist Certification?

Items to be submitted along with this completed application:

1. Resume
2. Diplomas, certificates or other proof of education/experience
3. One (1) recent, signed personal letter of reference
4. One (1) recent, signed job/volunteer letter of reference
5. Proof of D.C. residency

Signature: _____ Date: _____

Submit this application along with all supporting documentation via email (adrienne.lightfoot@dc.gov), regular postal mail or hand delivery to the Office of Consumer and Family Affairs, DBH, 64 New York Avenue NE, 3rd Floor, Washington, DC 20002. Faxes will not be accepted. The contact person is Adrienne Lightfoot, OCFA, tel. # (202) 671-4089. Be sure to leave your name and phone number with your area code.

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Optional Questions – the answers do not increase or decrease your chances of being accepted

What ward do you live in? 1 2 3 4 5 6
 7 8 Homeless

What is your age? 18 – 24 25 – 34 35 – 50 51 – 64 65 & Older

What is your gender? Male Female Other: _____

What is your gender identity? Male Female Transgender
 Other: _____

What is your race/ethnicity? _____